INCIDENT REPORT

INCIDENT _____ Fire Department: Garden Grove Fire Department Incident Number: G1702880 Dispatch Time: Arrival Time: 20:59:40 Controlled Time: Ending Time: 21:18:46 GE5 First-In Company: District C2415 Incident Type: Mutual Aid: EMS call, excluding vehicle accident with injury Automatic aid given Telephone Method of Alarm: Type of Weather: Air Temperature 68 **MANAGERS OFFICE** 7700 LAMPS Address, CSZ: Census Tract: Fire Haz Sev Zone: Medium _____ RESOURCES & CASUALTIES Actions Taken 1: Provide basic life support (BLS) Actions Taken 2: Actions Taken 3: #Apparatus Resp Engine: 1 #Apparatus Resp Trk: 0 #Apparatus Resp Med: #Apparatus Resp Oth: Fire Svs Injury: 0 0 Fire Svs Fatal: Non-FS Injury: Non-FS Fatal: PROPERTY & STUDIES ______ Property Losses: Content Losses: Property Value: Contents Value: Insurance Co: Building Ins:

Residential, other

Property Use: Detector

Mixed Prop Use:

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TINCT	DENT	RĿ	PURI

На	zmat	Rel:
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None

Critical Inc: Special Studies:

EMERGENCY MEDICAL SERVICE

Number of Patients:

Billing Care:

Status:

Transported to:

Patients Trans - Fire:

Patients Trans - Amb:

COMMENTS

***** GE5 *****

MEDICAL - FALL

GE5 RESPONDED TO THE DISPATCHED ADDRESS FOR A FEMALE C/O LEG PAIN FROM A FALL. ALS PRIMARY/SECONDARY ASSESSMENT WAS PERFORMED AND THE PT WAS TRANSPORTED BLS TO WAMC FOR FURTHER EVAL.

CAPTAIN SCHAEFER